

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 02 / 2016</b>		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <b>250.00</b>		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VN7GBA4K9D2		
Purpose of Expenditure Online Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Toomey, Patrick, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Shorr Johnson Magnus</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 02 / 2016</b>		
Mailing Address 100 N 20th St Ste 201			Amount <b>16376.27</b>		
City Philadelphia	State PA	Zip Code 19103-1454	Transaction ID : VN7GBA4K9A8		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Toomey, Patrick, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>16626.27</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 04 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Shorr Johnson Magnus</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 02 / 2016</b>	
Mailing Address 100 N 20th St Ste 201		Amount <b>8176.65</b>	
City Philadelphia	State PA	Zip Code 19103-1454	Transaction ID : VN7GBA4K9B6
Purpose of Expenditure Online Advertising Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Toomey, Patrick, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>8176.65</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>24802.92</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, , ,

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Date

MM / DD / YYYY  
**10 / 04 / 2016**

Signature